

Submission Checklist and Helpful Tips for Completing the EZ-6J

The purpose of this checklist is to reduce the possibility of your application being returned to you. To ensure a complete application, please review the Virginia Enterprise Zone Job Grant Instruction Manual dated January 2004 (available at www.dhcd.virginia.gov) and consult your tax professional.

General requirements

- ☐ **Only businesses are eligible to qualify for the credits.**
- ☐ Only businesses located within the boundaries of a Virginia Enterprise Zone are eligible to qualify for the incentives. Please confirm the location with the appropriate Local Zone Administrator as listed in Appendix A.

6J Worksheet

- ☐ The 6J worksheet **may not** be handwritten and must be printed in a landscape layout on 8½" x 14" paper, which is standard legal-sized paper. Arial font type must be used and the minimum font size is 11 point.
- ☐ You must use the formulas provided within the Job Grant Instruction Manual (dated January 2004) to determine the firm's grant award.
- ☐ The applicant's base year will remain the same for each three-year consecutive period.
- ☐ Those employees only working during the calendar year between the base year and the first grant year (called a post base year) must be included on the 6J worksheet, even though they will not be counted towards the grant calculation. They must be included so they are factored into the total employee calculation.
- ☐ Employees should only be listed once on the 6J **unless** they have worked two or more nonconsecutive times in a single base or qualifying year. In order to get the full number of months worked by that employee, you will need to include two rows that show the two different start and end dates for that year. You will only count that employee **once**, however, to get the total number of employees that worked for the company since the base year.
- ☐ List employees in alphabetical order by last name or in numerical order by Social Security Number on the 6J worksheet.
- ☐ Each employee listed on the 6J worksheet must be numbered to correspond with the total number of net employees.
- ☐ All pages of the 6J worksheet must be numbered.
- ☐ All pages of the 6J worksheet must have page totals for the columns I, N, S, and X. The last page of the 6J worksheet must show your grand total (i.e. sum of page totals) for the base year and the grant year.
- ☐ All columns for the **base** and **current** qualification year must show on your 6J worksheet. However, you may hide columns for previous qualification years on your 6J worksheet.
- ☐ The CPA who signs the application form EZ-6J must **initial each page** of the 6J worksheet and sign a certification statement for the business firm. A sample certification statement is on page 33 within the Job Grant Instruction Manual and can also be found on the downloadable Excel job grant template.

Submitting the application

- ☐ The application **must be** a 6-series form and printed on 8½" x 14" paper, which is standard legal-sized paper. The minimum font size is 11 point.
- ☐ Form EZ-6J has been completed and signed by **both** the business firm representative and a CPA licensed in Virginia. Provide the Virginia license number of the CPA.
- ☐ We strongly recommend you mail your application to your local zone administrator via certified mail with return receipt.
- ☐ A completed W-9 form must be included. The FEIN or SSN listed on the qualification application EZ-6J must match the FEIN or SSN on the W-9. The address listed on the W-9 form must be the same mailing address as listed on the application. A blank W-9 is located on the DHCD web site at www.dhcd.virginia.gov or you may call program support staff Roxanne Campbell at (804) 371-7030 to request a copy.

Remember These Job Grant Deadlines
<p>March 31st – Firm submits to Local Zone Office, <u>not</u> to DHCD.</p> <p>April 30th – Local Zone Office submits to DHCD.</p> <p>June 1st – DHCD notifies firm of deficiencies.</p> <p>June 15th – Firm resubmits, if necessary and deficiencies have been resolved.</p> <p>June 30th – DHCD notifies firm of qualification.</p> <p>August – Virginia Department of Treasury sends job grant check to firm.</p> <p>If any of the required submittal dates fall on a weekend or holiday, the due date is the next business day.</p>

Please do not hesitate to contact DHCD at (804) 371-7030 or via e-mail at EZONE@dhcd.virginia.gov with any questions you might have about how to qualify or complete the applications.



VIRGINIA ENTERPRISE ZONE PROGRAM
Job Grant Qualification Form
Print on 8½" x 14" paper.
Read Job Grant Instruction Manual before completing this form.

Form EZ-6J
Job Grants

PART I: BACKGROUND INFORMATION

1. Zone Name	Zone #	Zone Designation Date (MM/DD/YYYY)	Date Bus. began Operation in Zone (MM/DD/YYYY)	
2. Business Firm Legal Name		Trading Name, if Different than Legal Name		
3. Federal Employment ID# (FEIN)		Activity # (First three digits of the NAICS. See Instruction Manual.)		
4. Principal Mailing Address		City	State	Zip Code
5. Physical Address of Zone Establishment (if different from above)		City/County/Town		
6. Business Firm Contact Person	Title	Daytime Phone # ()	E-mail Address	
7. If the Firm is a Subsidiary, Name of the Parent Company		Federal Employment ID# (FEIN) of Parent Company		

8. Check the type of job creation made by the applicant in its first year of the three-year cycle of requesting Job Grants.
- ☐ Expansion of an existing firm
- ☐ New firm (start up)
- ☐ Relocation of a firm from outside Virginia
- ☐ Relocation and expansion of a firm within Virginia
9. Check the type of Business Organization. (If "other," explain type.)
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ S Corporation
- ☐ Limited Liability Corporation
- ☐ Other:

PART II: QUALIFICATION INFORMATION

5J Attachments must be completed prior to completing this section. Read the Job Grant Instruction Manual before completing this section.

1. Grant is requested for calendar year (YYYY). Check year of job grant application. ☐ YR 1 ☐ YR 2 ☐ YR 3
2. Base calendar year used by the business firm (YYYY). This base year remains the same for the three years of qualification.
3. The BASE calendar year is a REDETERMINED BASE YEAR. ☐ NO (Use 10% in line 4.E.) ☐ YES (Use 20% in line 4.E.) (See instruction manual.)
4. Position Test (Note: PFTP = Permanent full-time position. PFTE = Permanent full-time employee.)
- A. # of equivalent PFTP filled by the firm during the BASE year..... A

B. # of equivalent PFTP filled by the firm during the GRANT year..... B

C. Increase in the # of equivalent PFTP created over the base year. Subtract line (A) from line (B). C

D. Percent increase in the # of equivalent PFTP. Divide line (C) by line (A). Multiply by 100. Round to nearest whole percent..... D %

E. Minimum # of equivalent PFTP needed to meet the threshold requirement. If the answer to #3 is "no," multiply line (A) by 10%. If the answer to #3 is "yes," multiply line (A) by 20%. (If the result is a fraction, round to the next highest whole integer.) E

F. # of equivalent PFTP created above the threshold. Subtract line (E) from line (C). F

G. Net # of ZONE RESIDENT EMPLOYEES from January 1 of base year to December 31 of qualification year. Do not double count employees..... G

H. Net # of PFTE from January 1 of base year to December 31 of qualification year. Do not double count employees. H

I. Percentage of employees who are zone residents. Divide line (G) by line (H) and multiply by 100. Round to the nearest one-hundredth of a percent. (0.00%). I %

J. Eligible # of equivalent PFTP filled by zone residents. Multiple line (I) by line (F)..... J

K. Eligible # of equivalent PFTP filled by non-zone residents. Subtract line (J) from line (F). K
5. Requested job grant award for zone residents. Multiply line (J) by \$1,000. \$
6. Requested job grant award for non-zone residents. Multiply line (K) by \$500..... \$
7. ☐ I used DHCD's 6J worksheet template to produce the attached 6J worksheet.

Part III: DECLARATION

1. BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I am authorized to sign on behalf of the applicant.

Signature	Typed or Printed Name	Title	Date (MM/DD/YYYY)
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2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 2 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State incentive grants under this Program.

Signature of CPA		Typed or Printed Name		Date (MM/DD/YYYY)	
VA License #	Daytime Telephone Number ()		E-mail address		
Accounting Firm		Address		City	State Zip

LZA Use Only:	Date Received:	Date Zone Residencies Reviewed:	Date Forwarded to DHCD:
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DHCD Use Only:	Date Received:	Number Assigned:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is March 31st of the calendar year subsequent to the qualification year (Part II, Item 1). Send the original copy via United States Postal Service certified mail (postmarked no later than March 31st) or hand deliver by close of business on March 31st, to the Local Zone Administrator (contact information in Appendix A of the Job Grant Instruction Manual). (UPS, Fed Ex or other delivery services are considered hand delivery and must arrive at the local zone administrator's office before close of business on March 31st.) Late applications cannot be accepted.